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Secularist understandings of Pentecostal healing practices in Amsterdam: Developing an intersectional and post-secularist sociology of religion

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journals.sagepub.com/home/scp**Kim Esther KNIBBE**

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Abstract

The past decades have seen an intensification of debate around migrants, gender and sexuality. For the Netherlands, several authors have pointed out how this has given rise to a form of sexual nationalism whereby the idea of being a modern, progressive country is strongly linked to a program of liberal sexual values and offset against a presumably 'backward' migrant who is 'still' religious and traditional. In this article, the author analyses how these dynamics played out in the controversy around HIV-healings or homo healings supposedly taking place in Pentecostal churches in Amsterdam. Media attention highlighted the theme of homosexuality while forgetting the interests of women. This article shows that the sexual nationalism scheme was also operative here, and proposes further developing existing approaches as intersectional 'post-secularist' sociological perspectives aimed at unearthing the ways narratives of modernity, secularization and sexual nationalism structure attitudes towards migrant and religious actors both in social scientific research agendas and among societal actors.

Keywords

HIV, homonationalism, Netherlands, pentecostalism, secularism, sexuality

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Résumé

Les dernières décennies ont connu une intensification des débats autour des migrants, du genre et de la sexualité. Aux Pays-Bas, plusieurs auteurs ont souligné combien ces débats ont donné lieu à une forme de nationalisme sexuel, à savoir que le fait d'être un pays moderne et progressiste est fortement lié à un programme de valeurs sexuelles libérales, et, a contrario, que l'image du migrant est prétendument « rétrograde », « toujours » religieux et traditionnel. Dans cet article, l'auteur analyse comment ces dynamiques se sont développées dans la controverse autour de supposées guérisons du VIH et de l'homosexualité, supposées avoir eu lieu dans des églises pentecôtistes à Amsterdam. L'attention des médias a mis l'accent sur le thème de l'homosexualité tout en oubliant les intérêts des femmes. Cet article montre combien le modèle du nationalisme sexuel a été également opérationnel dans cette controverse. Parallèlement, l'article propose de développer les approches existantes en tant que perspective sociologique intersectorielle «post-laïciste» visant à montrer la façon dont les récits de la modernité, de la sécularisation et du nationalisme sexuel structurent les attitudes envers les migrants et les acteurs religieux tant dans les programmes de recherche sociologique que parmi les acteurs sociaux.

Mots-clés

homonationalisme, laïcité, Pays-Bas, pentecôtisme, sexualité, VIH

Introduction

HIV-healings belong to the dark practices of our city [...] We now want to dive into this deeply [...] We do not want to take away their folklore, but we have to make clear that they must also refer people infected by HIV to the regular medical services (Bosman, 2009b)¹

This quote is from a spokesperson of the then Amsterdam alderman for Diversity, Freek Ossel, taken from a newspaper article on so called HIV-healings and homo-healings that were thought to take place in black Pentecostal churches in Amsterdam. In many ways, it is illustrative of the ways Dutch discourses on migration, religion and sexuality are both racialized and intertwined with discourses on an 'enlightened' Dutch way of dealing with HIV and sexuality, contrasted with the 'dark' practices of a section of the population, benignly allowed to keep their folklore, unless it interferes with 'accepted' common sense ways of dealing with a public health threat such as HIV.

The past decades have seen an intensification of debates around migrants, gender and sexuality. Often, these debates centre on Islam, and in particular the headscarf and the oppression of women this is thought to symbolize as well as the assumed intolerance towards homosexuality. For the Netherlands, several authors have pointed out how this has given rise to a form of sexual nationalism whereby the idea of being a modern, progressive country is strongly linked to a program of liberal sexual values and offset against presumably 'backward' and mostly Muslim migrants (Aydemir, 2012; Bracke, 2012; Bracke and Fadil, 2012; Mepschen et al., 2010; van der Veer, 2006). In contrast, this article focuses on a case that involved African and Caribbean Pentecostalism, and

came to centre on the notion of HIV-healings and homo-healings. It is therefore interesting to observe whether the same structuring schemes that are employed towards Muslim groups came into play. As shown by the abovementioned authors, these schemes are revealing of Dutch culture and tend to obscure the complexities of cultural and religious practices, their embedding in historical and cultural trajectories. Furthermore, these schemes tend to champion the plight of some groups, while ignoring and silencing the interests of others. How did this work out in the mediatized debates on Pentecostal healing practices? How were certain groups problematized? Whose interests were defended, and whose interests were neglected? Through discussing the particularities of this case, this article will also address the larger issue of how the insights from this case may contribute to further developing the critical analysis of the intersections of religion, secularity, gender and race that has been emerging in research on religion in Europe in recent years.

I will first present a critical reading of the media-storm that arose when the category of African and Caribbean- dominated Pentecostal churches became problematized, piecing together the narrative from various media-sources and contrasting these with my own experience of doing research on Pentecostal churches in South-East Amsterdam. I will then contextualize the practices in Pentecostal churches that may have led to the conclusion that homo-healings and HIV-healings were taking place within the general literature on Pentecostalism from sub-Saharan Africa. Furthermore, I will turn a critical lens onto the dynamics of this media-event and the policy-interventions that were proposed, interpreting these in the light of a wider body of literature on secularism, homonationalism and sexual nationalism, migration and religion.

I will use the analysis of this case and contextualization of it in the literature to characterize and expand on the perspectives that have been developed in the burgeoning body of literature on the intersections between religion, migration, gender and race in Europe and the Netherlands. New perspectives on how religion is produced and positioned in tandem with 'the secular' offer new opportunities for sociological research on the role of religion in society and the ways this role is regulated (Casanova, 2008; 2009; Schuh et al., 2012; Wohlrab-Sahr and Burchardt, 2012). However, research and thinking on the religious/secular binary could be directed more strongly to focus on the politics of time implied by the secularization narratives and the ways it structures both social scientific research agendas and public debates. I propose that such research should aim to be both intersectional and 'post-secularist'. The term post-secularist should not be taken to mean that we have entered a phase when the binary of religion/secularity does not matter anymore, but as acknowledging and critiquing the ways sociological approaches themselves have contributed and still contribute to racialized and gendered modernist and secularist narratives, throwing light on the ways these narratives obscure the interests, positions and voices of particular groups, in this case black women.

Finally, it should be noted that this article focuses on an analysis of the *mediatized* debate on the issue of Pentecostal healings practices. My own research experience suggests that there may be a very deep disjuncture between the politics of mirages produced in the media and the processes that characterize the actual engagements between religious actors and public health organisations, but this is a matter for further research.²

A case of secular moral panic: Homo- and HIV-healings in Pentecostal churches in Amsterdam

During the spring and early summer of 2009, several news items and a longer investigative article created a small media storm over the question how to deal with the so-called HIV-healings or homo-healings that were thought to have taken place in Caribbean and African dominated Pentecostal churches in the South East of Amsterdam. Earlier, in 2008, there had also been some news items on this topic, but the Dutch Health Care Inspectorate had concluded there were no concrete indications that any kind of healing was being conducted that would be a danger to the health of anyone (Hermse, 2008). However, on 25 April 2009 a longer article was published in *Parool*, an Amsterdam-based newspaper, based on a visit to an African-initiated Pentecostal church by two journalists. This article sparked a new controversy as it seemed to show conclusively that HIV-healing was taking place in churches in South East Amsterdam (Bosman and Pen, 2009). The article was placed in the section covering Amsterdam in particular, but it was accompanied by a front page news article with comments by Ossel. The longer piece was framed by comments by a virologist, the chair of the Dutch HIV-association and a religious studies scholar, who all condemned the practices described in the article as 'dangerous nonsense' (Bosman, 2009a; Pen and Bosman, 2009).

This part of Amsterdam (Bijlmer or Amsterdam Zuidoost) is commonly perceived to be dominated by African Diaspora groups: people from Surinam and the Dutch Antilles (Dutch Caribbean), who ended up there as a result of plantation slavery, and came to the Netherlands in great numbers on the eve of independence of Surinam in 1976, as well as more recent African migrants from Ghana, Nigeria and many other sub-Saharan countries (Dijk, 2011; Knibbe, 2009; Smets and den Uyl, 2008). The neighbourhood is known for its 'tropical' market, shops where African products are sold, hairdressers and an informal economy that includes illegal taxis, sex work, catering services and trading residency papers, working permits and jobs. Thus, it is known as a 'black' neighbourhood, where 'black' slides between and connects different associations of 'black' and 'dark' in the Dutch language: race (the dark continent), 'black economy', but also 'opaque': it is difficult to know what exactly is going on there (this is the overt meaning of the word 'dark' alderman Ossel used in the opening quote of this article).

Interestingly, this neighbourhood was once designed to be a 'religion-free' (white) modern utopia, built in the later 1960s and 1970s inspired by the newest vision for city-planning, with modern high-rises and big parking garages, since it was expected that every family would have a car. It is now home to over a hundred churches competing with each other for space, mostly dominated by African migrants and people of Caribbean background, and the parking garages were in fact used for churches, and have now been demolished (Knibbe and van der Meulen, 2009; Koning, 2009; van der Meulen, 2009).

At the time this media storm played out, I was conducting research on Nigerian-initiated Pentecostal churches in the Netherlands and Europe, which included research in Amsterdam Zuid Oost. I was quite puzzled by the reporting on so-called HIV-healings or homo-healings: although clearly within Pentecostal churches in South East Amsterdam homosexuality could count on disapproval, and the thought that the Holy Spirit can heal any disease (including HIV) is ubiquitous in these circles, I had never heard of church services specifically aimed at healing HIV or homosexuality. Discussing this news coverage with my colleagues doing fieldwork in other Pentecostal churches, it seemed they had also never heard of this

phenomenon. Furthermore, I was aware of several working groups of church leaders addressing HIV/AIDS and a recent choir competition initiated by a public health organization, where church choirs in South East Amsterdam competed to produce the best songs on the topic to raise awareness and encourage safe sex practices, which resulted in a CD that was quite popular; it was often played in the community centre where I taught Dutch for example.³ So it seemed strange that there could be such a moral panic around a topic on which there was already quite some practical engagement between Pentecostal and public health actors. The news coverage provoked the question: how had journalists and policy-makers reached the conclusion that HIV-healings and/or homo-healings were taking place?

Media as a decontextualizing and recontextualizing machine

Delving into the background of the news coverage, the following story emerges: a Surinam-Dutch gay rights activist, Mikel Haman, had drawn attention to several cases where men in his surroundings had struggled with their homosexuality, received guidance and counselling in Pentecostal churches and been declared 'healed' by the pastor (De Pers, 2008). After a lapse they had contracted HIV, and had passed this on to their wives. This activist spoke from his personal experience with these problems, and wished to highlight the role of the churches in perpetuating an environment that discouraged individuals from being open about homosexuality and taking safety measures to prevent the spread of HIV. He also suggested that the high number of suicides among young men in the Caribbean and African Diaspora were linked to the taboo on homosexuality (Soetenhorst, 2008b).

The situation described is fraught with difficulties and nuances as these things usually are: the secrecy surrounding sexual liaisons, the dangers that this poses to unsuspecting partners, as well as the moral dimensions of the religious and social context, disapproving of homosexual activities and generally sex outside of marriage, as well as the moralizing of public health advocates pointing out the dangers 'taboos' pose for a healthy sexuality.

How to have a public discourse on these issues is indeed an important question. However, the media attention that followed on the heels of the attempts by Mikel Haman did not focus on the nuances and intricacies of the issues involved. Rather, they developed a notion that public homo-healings and HIV-healings were taking place and that these should be forbidden. The cause was taken up by the COC, a well-established organization in the Netherlands campaigning for the interests of LGBTQ people. Attention from HIV-campaigners and the COC focused in particular on the dimension of 'taboos' on homosexuality leading to unsafe sex, foreclosing the possibility that in fact heterosexual activity might also contribute to the spread of HIV. Furthermore, it drew on the understanding current among policymakers and researchers that the incidence of HIV among 'black' and migrant groups in the Netherlands is higher than among other groups, confirming the racialized association between blackness and disease (Balkenhol et al., 2016). The higher incidence of STIs among so-called 'ethnic minorities' is in fact doubtful as Krebbeekx et al. (2016) demonstrate.

Although it can be assumed that Haman was aware of healing as a general practice within Pentecostal circles, within the media this notion was turned into a search for healers specializing in healing HIV and/or homosexuality and 'events', at least in the

language used in newspaper headlines. The background article published on 25 April 2009 that sparked off the renewed discussion reports on an attempt to visit such a healing. Reading the article closely, this report describes a regular church service of an African-dominated Pentecostal church where a visiting pastor from Ghana called everyone who wished to come forward for a laying on of hands and prayer. This is quite common, and usually not directed at any specific problem or ailment, although sometimes linked to issues of demonic bondage, thought to cause all kinds of health and spiritual problems. Furthermore, he recommended the use of olive oil in praying for healing (also not unusual in Pentecostal churches).

During this service, the journalists went forward to the pastor for prayer and laying on of hands, and the pastor pointed at the liver of the male journalist, saying that God could heal this liver. When the journalist asked him if he could heal HIV, the pastor nodded, and asked them if they both had HIV. They answered no. The pastor continued, saying to the male journalist: 'God can heal your liver. But also your lungs, everything'. The journalists were asked to come back to receive special olive oil, and the pastor told the male journalist to use the oil for 7 days, and then 'I will see you with a big smile on your face, because you will have been healed. When you go to the hospital, they will have told you you have been healed'. When the journalist asked if they could then stop the medicine, the pastor answered yes (Bosman and Pen, 2009).

On the front page of the Amsterdam newspaper where this report was published, alderman Ossel calls on the Dutch secretary for public health to finally pay attention to his warnings stating:

This story proves again that it happens. We do not even know what size the phenomenon has. I think it is a scandal that Klink [the secretary for public health] does not investigate this. I suspect it would be different with this Christian secretary if this was about open tuberculosis. (Pen and Bosman, 2009)⁴

Interestingly, reactions such as the alderman's do not note that the pastor referred to the hospital as the place where they would find the 'evidence' that they had been healed, nor to the possibility that the pastor was still referring not to HIV, but to the liver of the journalist. Rather, the reactions zoomed in on the answer the pastor gave to the question of whether the journalist could stop taking medicine (which he wasn't taking). This could again be read in two ways: he could stop after having been proven healthy at the hospital, or immediately. Furthermore, as was clear from the journalists' own reporting of the conversation, they were not taking any medicine, for HIV or for liver problems. Overall, the conversations as these journalists reported them were quite confusing, with the pastor seeming to presume that they were talking about the liver of the male journalist, while the two journalists were trying to elicit pronouncements to confirm the suspicion that HIV-healings were taking place.

For anyone studying Pentecostal churches it is clear that healing through prayer is quite common in these churches. For the healing to be effective, the exact ailment is less important than the powerfulness of the prayer; furthermore some people, such as presumably this travelling pastor, are assumed to have an especially close bond with God, a 'special anointing' (Ukah, 2008). However, this should not lead one to assume

that this belief keeps people away from medical treatment (see Trinitapoli and Weinreb, 2012 for a nuanced discussion of the different positions of Pentecostal churches towards HIV in sub-Saharan Africa). Statements such as 'God will give you new blood' (the title of the newspaper article) or even 'you are now healed in Jesus' name' are performative statements, a Word of Faith: by saying it, the reality is brought into being (Coleman, 2000; 2002; Marshall, 2009; World Evangelical Alliance Commission on Unity and Truth among Evangelicals (ACUTE), 2003). This is usually not lived as a one-time thing but part of a born-again lifestyle dedicated to belief in the salvation offered by Jesus and the ongoing work of the Holy Spirit. This practice is sometimes also referred to as 'naming and claiming': because Jesus has triumphed over the devil, born-again believers may claim this victory to bring health and prosperity into their lives. Pentecostal churches such as the one visited by the journalists of *Parool* clearly fit this mold.

It is also interesting to note the ways newspaper coverage shifted from concern with practices in Dutch Caribbean Pentecostal churches to include all 'black' Pentecostal churches in this particular part of Amsterdam, with the investigative journalists reporting on the church service of a Ghanaian dominated church. Indeed, prosperity teachings are not particularly 'African', although they do enjoy a great popularity in sub-Saharan Africa. Becoming born-again to many African Christians also means 'becoming modern', as a lifestyle that includes a certain middle class or higher standard of living, a car, travel around the world and modern medicine. This lifestyle includes regular prayer, a dedication to holiness, underpinned by a notion of spiritual warfare: victory has to take place on the spiritual level before it can take place on the level of daily life.

While the media decontextualized certain practices from the historical and cultural trajectories in which they are embedded, they slotted these practices into schemes familiar to their Dutch audiences. This scheme involved a particular understanding of modernity as involving the impossibility of believing in miracles or healing through prayer and the healthiness of 'breaking taboos' around homosexuality as the way forward. The reactions of politicians, policy-makers and activists displayed concern, but also a strong sense that these migrants needed to be brought 'up to date' and learn how to separate their religion and culture from modern inventions such as biomedicine. Furthermore, the language used invokes particular racial stereotypes from the Dutch 'cultural archive' such as those evoked in the quote on HIV-healings as 'dark practices' (Wekker, 2016). Furthermore, the emphasis on the acceptance of homosexuality that has developed within Dutch discourse on migration, usually applied to Muslims, was now also applied to African and Caribbean majority Pentecostal churches (c.f. Aydemir, 2012; Bracke, 2012; Mepschen et al., 2010; Puar, 2007).

A close reading of the article that sparked off renewed debate and eventually allocation of funds for interventions reveals that the investigative journalists had not, in fact, uncovered the existence of such events, although they had proven that the idea of healing HIV was not out of the question in the Pentecostal church they visited. The efforts that had already been undertaken earlier, such as the Sing4Life choir competition and the work group on HIV/AIDS, as well as the work of doctors for undocumented migrants ('dokters van de wereld'), could have been used to address the possible ambiguity that could arise from the belief in healing prayers. Furthermore, the debate was structured in such a way that women were almost entirely absent both as stakeholders, as people with

and opinion on the matter or as people with ideas on how to address the problematics. Instead, it focused on the need to shed 'superstitious' beliefs in healing, and to 'break taboos' around sexuality and in particular homosexuality (ANP, 2010; Parool, 2009; Soetenhorst, 2008a; 2008b).

Thus, the level of publicity was disengaged from the level of practical engagement between individuals, religious leaders and public health workers in a way that certainly stereotyped certain groups while the focus on homosexuality led to the marginalization of the interests and voices of women. Further research will have to bear out how this may have hindered actual engagements between these groups and public health organisations. As Uitermark and Gielen conclude based on another case study: 'mediatisation can aggravate inequalities among governance actors and create a politics of mirages where the production of images for a remote audience becomes more important than solving local problems' (Uitermark and Gielen, 2010: 1326).

Meeting of modernities?

The problematization of healing practices in black Pentecostal churches that emerged from the media coverage focused on two issues in particular: the unscientific belief in the power of prayer and the dangers of not being open about (homo)sexuality. In proposing solutions, actors such as the COC and AIDS activists focused on the latter in particular. In the end, several organisations received funding to develop programs for religious leaders to 'help' them discuss issues around (homo)sexuality and to break taboos around these issues. As Bartelink observed in Dutch sexual health approaches engaging religious actors in the context of international development (Bartelink, 2016), in such programs moral contestations tend to be neutralized focusing on transferring public health knowledge, while implicitly drawing on oppositions of science versus belief and openness versus opacity.

As a researcher on Nigerian Pentecostal churches in Europe, I understood the commotion around healing practices as involving larger frameworks of modernity and the place of religion, as well as radically different ideas on the body, sexuality, intimacy and the vocabulary with which to address issues in this area of life. The characterization of Pentecostal healing practices as 'folklore' does not really do justice to the phenomenon of Pentecostalism in West Africa and the African Diaspora. If anything, Pentecostals have a hostile relation to folklore, seeing it as a potentially dangerous source of demonic bondage to a pagan past. Rather, as many researchers have already pointed out, in many places, joining a Pentecostal church and becoming 'born again' is a 'conversion to modernity' (Geschiere et al., 2008; Meyer, 1998; 2007; Veer, 1996). Most African dominated Pentecostal churches see themselves as quite modern, providing a gateway to a modern lifestyle, including everything biomedicine may offer.

Many of these Pentecostal churches target upwardly mobile class of young, well-educated people. Among the church leaders I interviewed for my research were scientists, academics and doctors, and all had at the very least a Master's degree (Burgess, 2008; Burgess et al., 2010; Burgess and Knibbe, 2013; Knibbe, 2009; Marshall, 2009; Ukah, 2008). The promise of a born again life does not only involve the wiping away of sins, but also links people up to a global community of Christians (Binsbergen et al., 2004;

van de Kamp, 2012; 2012; van Dijk, 1997). Furthermore, sexuality is a topic of discussion rather than a taboo topic in many Pentecostal churches: an increasing number of churches develop programs to highlight the joys of sex to encourage monogamy (Bochow and van Dijk, 2012; Prince et al., 2009; van de Kamp, 2012).

One could argue that in the case of the HIV/homo-healing controversy, two different trajectories of modernity encountered each other: one trajectory in which religion, and specifically Pentecostal churches, are crucial gatekeepers and carriers of modernity, emerging out of West Africa and other parts of the global south, including Pentecostal churches dominated by Dutch or Caribbean descent. The other is a trajectory in which religion is something that has been overcome, or at the very least can operate only in a privatized manner. The Dutch narrative of modernity is very much a story of progressive secularization in which religion has declined and will continue to decline, and is usually even considered to be dangerous, a cause of conflict and unruly, irrational behaviour, very much in line with how religion is viewed in other parts of north-western Europe (Casanova, 2009, 2010; Kennedy and Valenta, 2006; Knibbe, 2011). This narrative, moreover, has been shaped by the social sciences, as exemplified for example in the regular report on 'God in the Netherlands' by the Social and Cultural planning office, consistently measuring a decline in membership of religious institutions and a greater adherence to liberal sexual moral values (Becker and De Hart, 2006; Bernts et al., 2007; De Hart, 2014; Dekker, 1997).

These two different trajectories of modernity, broadly speaking, provide two very different frames for viewing others that involve different hierarchies of time: from the point of view of African Pentecostal missionaries, Europeans and particularly the Dutch are 'not yet' born-again. In the particular case of homo- and HIV-healings, Pentecostal pastors refused to respond publicly because Dutch journalists, policy-makers and politicians are viewed as people who cannot be expected to understand, because they are not yet 'born again'. Being born again affects how one perceives, understands and orients oneself not just cognitively but also physically. The Holy Spirit will open one's eyes. In contrast, secular actors view Pentecostals as 'not-yet' fully modern, unable to grasp that religion should not intervene in material, biological matters but should rather be confined to the immaterial, spiritual and private.

Discussion

Zooming out, the following are some insights that one can take away from the analysis of this case that are important for research on religion, gender and modernity more generally. As a first conclusion, we can say that the HIV-healings indeed seem to be an example of the way the alliance between gender and sexual politics and civilizational understandings of 'culture and religion' (Bracke, 2012: 239) are applied to a non-Muslim group of migrants. Furthermore, a focus on secularism and secularity has been fruitful in breaking open the frameworks within which religion, gender, sexuality and migration are problematized (Bracke and Fadil, 2012; Butler, 2008; Mepschen et al., 2010; Schuh et al., 2012; Scott, 2009a; 2009b; 2017). Distinctive of the emphasis on the secular is that it does not isolate religion as the 'case' to be studied, but turns a critical eye onto the ways religion is singled out and approached by secular actors. The links between secularism, modernity, sexuality, gender and the nation

state in discussions of the place and visibility of religious minorities are quite striking, leading to new conceptualizations. Examples are the apt but awkward phrase *sexularism*, coined by Joan Scott in discussing the French headscarf debate, the notion of a politics of time in Judith Butler's discussion of modernity, and the terms *homo-nationalism* and *sexual nationalism* (Aydemir, 2012; Butler, 2008; Mepschen et al., 2010; Puar, 2007; Scott, 2009; 2017; Verkaaik and Spronk, 2011).

In some ways, this emphasis on the secular has also contributed to developing a perspective that provincializes Europe, questioning key concepts such as the very definition of religion, the liberal notions of personhood underlying western feminism, as well as the imperialism implied in secular approaches to Islam (Asad, 2002; Mahmood, 2006; 2011). As Bracke has analyzed, the alliance between Dutch second wave feminism and the characterization of Islam as a 'backward' culture, forged during the meteoric rise of Pim Fortuyn in Dutch politics, have led to the notion that acceptance of homosexuality goes hand in hand with equality for women (Bracke, 2012). As we have seen, the emphasis on 'breaking taboos' around homosexuality as the remedy to the danger to public health that was attributed to the so-called HIV-healings in fact completely obliterated the interests of women, and did not even consider women as stakeholders or conversation partners. Intersectional approaches that analyse the ways race, gender and religion come together to trivialize, mute or make invisible the interests of certain groups can be helpful for critiquing such processes (Balkenhol et al., 2016; Wekker, 2016).

However, there is one dimension that in my view could be singled out more strongly in developing this scholarship, and that is the ways the secularization thesis, as both description and prescription, structures public narratives on migrants' religion, as well as research agendas, the work of lobby organisations such as the LGBTQ organisations and the reactions of politicians. The above analysis and the countless other examples that can be drawn from the literature show that it is important to focus in particular on how the narrative of secularization introduces the politics of time that gains its legitimacy from its apparently self-evident character in the collective memories of the Dutch with regard to de-churching and depillarization, but also, through its link to 'science' and to sociological theories of modernization. Although many authors mentioned above have already mentioned the role a particular narrative of secularization plays in Dutch attitudes toward migrants, to study the role the secularization narrative plays in these contexts, it is extremely important to recognize the ways sociology itself is invested in and upholds narratives of modernity and secularization (Vásquez, 2012).

For this reason, I propose to summarize the approach employed here, building on the literature on secularism, secularity etc., as an intersectional 'post-secularist' perspective. By calling this perspective 'post-secularist' I wish to distinguish it from the more commonly known term 'post-secular'. The latter term has developed out of the awareness that the division between 'religion' and the 'secular' is quite problematic, harbours many internal paradoxes and is often untenable (Mavelli and Petito, 2012: 931). For example, in order to separate religion from other spheres, one needs a judicial; policy recognized definition of religion, which means that judges, politicians and lawmakers have to engage in theology (Hurd, 2015; Sullivan, 2005). It is furthermore very much linked to discussions about the role of religion in the public sphere: by troubling the distinction between religion and the secular, the reasons for keeping religion out of the public

domain disappear, thus potentially inaugurating a 'post-secular' public sphere where religious actors can be legitimate partners for conversation, albeit within certain boundaries (Habermas, 2008). This has, however, resulted in a number of criticisms as to whether and to what extent 'post-secular' really moves us beyond frameworks of the secular (Birnbau, 2015; Pabst, 2012; Wilson, 2017). Arguably, the 'post-secular' is still governed by the same assumptions about what religion is and does that characterize 'secular' approaches.

In contrast, the term 'post-secularist' refers to the recognition that however problematic the distinction between religion and the secular may be, this distinction is regularly employed and is tied up with civilizational narratives of modernity, nationhood, gender and sexual politics *to which the social sciences themselves have contributed*. Furthermore, as many authors have argued, these narratives are intimately tied to coloniality and race (Escobar, 2007; Grosfoguel, 2005; Mignolo and Escobar, 2013; Quijano, 2000). The term post-secularist therefore refers to the awareness of the ways the conceptual apparatus of the social sciences, also in popularized form, has contributed to defining and separating out 'religion' from other spheres, and thus, the ways sociology itself was and very often still is, a secularist *and* secularizing project tied into narratives about modernity and enactments of modernity.

Furthermore, it entails the recognition that claiming modernity entails the occupying a particular point on a hierarchical time scale, from which those claiming to be modern can judge others to be 'less' modern and prescribe certain measures to reach the same point on the hierarchical time scale (Blaser, 2013; Butler, 2008). In the case discussed in this article, it refers to the ways the secularization narrative and how this narrative is linked to self-perceptions of being modern led policy-makers and other actors to see migrants as 'still' religious in ways that are incompatible with modern society, 'still' unable to privatize their religion, modernize it to include acceptance of homosexuality, and separate it from other domains such as those of science and politics.

Rather than affirming such hierarchies of time in relation to an always-moving point of modernity, an intersectional post-secularist perspective conceives of the task of the sociology of religion as the study of how such schemes continuously reappear, are reworked and tied into new narratives. To propose an intersectional post-secularist perspective then, does not refer to a political position on the division between religion and the secular, but a descriptive and *analytical* project that aims to analyse how the secularism of the social sciences, specifically the hierarchy of time implied by the (remnants of) the secularization thesis linked to modernity, produces racialized categories of migrant others that have to be brought 'up to date' on particular issues.

Conclusion

This article has used a discussion of a mediatized controversy involving Pentecostal churches in Amsterdam to show how recent developments in different fields of study can be drawn on to develop an approach that goes beyond an analysis of the politics of mirages that play out again and again around religious actors in western Europe. Like other authors, this article concludes that Dutch notions of their own history of secularization play a particular role in their attitudes towards migrant religious practices.

More particularly, it argues that the obsession with the acceptance of homosexuality that is linked to 'fighting HIV' leads to the construction of the religious migrant other as an object of reform in a way that not only negates the particularities of the ways religious practice, health, biomedical approaches and sexuality are negotiated, but most problematically produces an erasure of the voices and interests of the women involved in the problematic of HIV transmission as a public health issue at least on the level of public debate. This conclusion however should not lead one to conclude that women are absent on the level of practical engagements between Pentecostal actors and public health organisations. This will have to be borne out in further research that is currently being carried out.⁵

I have suggested that an intersectional post-secularist perspective focusing in particular on the politics of time implied in the secularization narrative, promotes a self-reflexivity within the sociology of religion, and one may hope, in sociology more generally at some point, on two levels. The first level is that of the practice of research, the second is the level of the dialectics between academic research and society. On the first level, this implies the recognition that the secularization narrative that has long dominated the social scientific study of religion has led to particular demarcations of the subject matter as well as a specific research agenda: a focus on those who are 'still' religious, and thus lagging behind, those who are religious 'despite' secularization, but have entered a 'second naivety' (Casanova, 2009; Knibbe, 2011; Knoblauch et al., 2011). These sociological demarcations and expectations need to be broken open.

On another level, this focus recognizes the dialectics between the academic study of religion and the emplacement of religion in society. The secularization narrative has led to certain expectations regarding religion, particularly the religiosity of migrants, among the general public, politicians and policy-makers. These expectations are now challenged, as in the city planning of South East Amsterdam. However, many academics let alone policy-makers, journalists and politicians do not seriously reflect on the assumptions underlying their attitudes toward religion, which has very specific effects that powerfully affect relationships between organisations representing the dominant culture and individuals, groups and organisations of 'others'.

In this case, the schemes with which the media approached Pentecostal healing practices led to a de-contextualization of these practices, undermining any kind of useful insight being produced on the level of public debate into the attractions, plausibility and indeed potential hazard of these healing practices. Furthermore, the re-contextualization of these practices into schemes of modernity and secularization produced a stereotype of the backward, religious and black 'other' that has to be brought up to date. As others have pointed out, the focus on acceptance of homosexuality among migrants has become a problematic and exclusionary form of 'homonationalism' (Bracke, 2012; Mepschen et al., 2010; Puar, 2007; 2013; Wekker, 2016).

A more contextualized reading of Pentecostal churches and the role of healing in them could lead to a conceptualization of the HIV controversy as a meeting of modernities in which religious practices are positioned quite differently in particular through the emphasis on prosperity teachings. The different positionings of religion

within these trajectories gives rise to different notions of history, personhood and the body. This has implications for the ways people envisage themselves as modern, as citizens and for which values they aspire to realize in their life projects. Crucially, however, it does not exclude a reliance on biomedicine.

An intersectional post-secularist lens is important in separating out the representations generated by the normative expectations derived from the secularization narrative linked to narratives on modernity from social scientific research agendas. Only through such a separation will it be possible to develop an approach that will indeed throw more light onto the particularities and complexities of the role of healing practices in relation to biomedical (HIV) and gay-rights approaches. The new positioning of research on religion that becomes possible through such a perspective does not simply represent and analyse the 'religious other' for the consumption of politicians, policy-makers and the general public, but also turns a critical lens onto how these publics are themselves part of defining, placing and regulating religion and the ways these activities are intersected by categories of race and gender.

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Notes

1. 'Hiv-healings behoren tot de duistere praktijken van de stad [...] We duiken er nu diep in. [...] We willen de kerkgemeenschappen hun folklore niet afnemen, maar we willen wel duidelijk maken dat ze mensen met hiv ook moeten doorsturen naar de reguliere zorg.'
2. Indeed, the intuition that there is such a disjuncture lies at the basis of a 5-year research project titled 'Sexuality, Religion and secularism. Cultural encounters in the African Diaspora in the Netherlands' starting January 2016. The project has been developed in close cooperation with Rachel Spronk, UvA, co-director of the project and Brenda Bartelink, who is conducting post-doctoral research within the project. The research is funded by the Netherlands Organisation for Scientific Research, NWO.
3. See: http://www.hivnet.org/index.php?option=com_content&view=article&id=5926&Itemid=162 (accessed 10 September 2016).
4. 'Dit verhaal toont weer aan dat het gebeurt. We weten niet eens welke omvang het heeft. Ik vind het schandelijk dat Klink geen onderzoek instelt. Ik vermoed dat het bij deze christelijke minister anders ligt als het om open tbc zou gaan.'
5. This research is being conducted within the research project mentioned in note 2 above.

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